



State of New Hampshire  
Department of State

Filed  
Date Filed: 06/15/2016  
Business ID: 746231  
William M. Gardner  
Secretary of State

Date Submitted: 6/15/2016  
William M. Gardner  
Secretary of State

Form PLLC-1  
RSA 304-C:31  
& RSA 304-D

CERTIFICATE OF FORMATION  
NEW HAMPSHIRE PROFESSIONAL LIMITED LIABILITY COMPANY

THE UNDERSIGNED, UNDER THE NEW HAMPSHIRE LIMITED LIABILITY COMPANY LAWS SUBMITS THE FOLLOWING  
CERTIFICATE OF FORMATION:

FIRST: The name of the professional limited liability company is

ACUPETVET PLLC

SECOND: The nature of the professional services as defined in RSA 304-D, including necessary related services, for which  
the professional limited liability company is organized are:

NAICS CODE	NAICS SUB CODE
OTHER / Veterinary Services	

PROFESSION: VETERINARIANS

THIRD: The name of it's registered agent IN NEW HAMPSHIRE is Gamester Colby T Esq

and the physical address, of its registered office IN NEW HAMPSHIRE is

144 Washington St, Portsmouth, NH, 03801, USA

FOURTH: The latest date on which the professional limited liability company is to dissolve is Perpetual

FIFTH: The management of the professional limited liability company is not vested in a manager or managers.

SIXTH: The sale or offer for sale of membership interests of the limited liability company will comply with the requirements of  
the New Hampshire Uniform Securities Act (RSA 421-B)..

PRINCIPAL OFFICE ADDRESS:

PRINCIPAL OFFICE BUSINESS ADDRESS	PRINCIPAL OFFICE MAILING ADDRESS
144 Washington Street, Portsmouth, NH, 03801, USA	PO Box 914, Rochester, NH, 03866, USA

State of New Hampshire  
Form LLC 1 - Certificate of Formation 3 Page(s)



T1616824003

Mailing Address - Corporation Division, NH Department of State, 107 North

Physical Location - State House Annex, 3rd Floor, Room 317, 25 Capitol Street, Concord, NH

Phone: (603)271-3246 | Fax: (603)271-3247 | Email: corporate@sos.nh.gov | Website: sos.nh.gov

**CERTIFICATE OF FORMATION  
NEW HAMPSHIRE PROFESSIONAL LIMITED LIABILITY COMPANY**

Form PLLC-1  
(Cont.)

**ACUPETVET PLLC**

**CERTIFY:**

☒ By checking this box and continuing, each signatory certifies that the information provided herein is true, accurate, and complete to the best of his/her knowledge and belief, and that he/she has authorized the affixing of his/her electronic signature in accordance with the Electronic Signatures in Global and National Commerce Act (e-Sign) and N.H. RSA § 294-E. Further, each signatory understands that his/her electronic signature has full legal effect and enforceability and he/she intends this form, as signed, to be filed with the office of the New Hampshire Secretary of State.

**EFFECTIVE DATE:**

This statement shall be effective from: 06/15/2016

\*Signature: Tasha Wilson

Title: Member

Date signed: 06/15/2016

Notice: The membership interests of the limited liability company: 1) have been registered or when offered will be registered under RSA 421-B; 2) are exempted or when offered will be exempted under RSA 421-B; 3) are or will be offered in a transaction exempted from registration under RSA 421-B; 4) are not securities under RSA 421-B; OR 5) are federal covered securities under RSA 421-B. The statement above shall not by itself constitute a registration or a notice of exemption from registration of securities within the meaning of sections 448 and 461(i)(3) of the United States Internal revenue Code and the regulation promulgated thereunder.

**DISCLAIMER:** All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

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**Mailing Address** - Corporation Division, NH Department of State, 107 North Main Street, Room 204, Concord, NH 03301-4989

**Physical Location** - State House Annex, 3rd Floor, Room 317, 25 Capitol Street, Concord, NH

**Phone:** (603)271-3246 | **Fax:** (603)271-3247 | **Email:** corporate@sos.nh.gov | **Website:** sos.nh.gov



# NEW HAMPSHIRE Online Licensing

nh.gov  
Licensing Home

## Person Information

**Name:** TASHA L WILSON

## License Information

**License No:** 1930 **Profession:** Veterinary Medicine **License Type:** Veterinarian  
**License Status:** Current **Issue Date:** 4/17/2009 **Expiration Date:** 12/31/2016

## Board Action

No Related Documents

No Related Documents



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